

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 31 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000107130

1. Corporation Name

Wyatt & Wyatt Commercial & Building Maintenance, Inc.

2. Principal Office Address

16301 N. County Rd 225

Suite, Apt. #, etc.

3. Mailing Office Address

16301 N. County Rd 225

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32609

Country

Alachua

Zip

32609

Country

Alachua

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/2003

5. FEI Number

57-1184146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wyatt K. Reshard

Street Address (P.O. Box Number is Not Acceptable)

16301 North County Road 225

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wyatt Kenneth Reshard
REGISTERED AGENT MUST SIGN

Date

10/20/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Reshard, Wyatt K	16301 North County Rd 225	Gainesville, Florida 32609
VP	Reshard, Joseph	16301 North County Rd 225	Gainesville, Florida 32609
ST	Reshard, Kendra	16301 North County Rd 225	Gainesville, Florida 32609

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wyatt Kenneth Reshard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/05

Daytime Phone #

B. Mitchell NOV 1 2005